

MEETING MINUTES

Project Name: IPRS	Doc. Version No: 1.0	Status: Final
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Meeting Name: IPRS Core Team Meeting
Facilitator: Travis Nobles, DMH
Scribe: Evelyn Woodard
Date: 07/25/2007
Time: 10:30 – 11:30 AM
Location: Hargrove, Conference Room D

IPRS Core Team Attendees:

x Rick Kretschmer
 Sarah Harris
 x Cheryl McQueen
 Sara Parks
 Gary Imes
 Joyce Sims
 x Rick Debell
 Thelma Hayter
 x Eric Johnson

Others:

Tim Sullivan
 x Jamie Herubin
 x Sandy Flores
 x Mike Frost
 x Myran Harris
 Chris Ferell
 x Deborah LeBlanc
 x Evelyn Woodard
 Cathy Bennett
 x Travis Nobles

Attendees:

x Alamance-Caswell
 x Albemarle
 x Catawba
 Centerpoint
 Crossroads
 x Cumberland
 x Durham
 Eastpointe
 x ECBH
 x Five – County MHA
 Foothills
 x Guilford

x Johnston
 x Mecklenburg
 Onslow-Carteret
 x OPC
 x Pathways
 x Sandhills
 x SE Center
 x SE Regional
 x Smoky Mountain
 x The Beacon Center
 x Wake
 x Western Highlands

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Attendees:

Item No.	Topics
1.	Roll call
2.	Please mute phones or refrain from excess activity to help with communications. Please state your name and which "area program" you are from when you speak. Also, please do not place IPRS Core Team call on hold because of potential distraction to call discussion.
3.	Upcoming Check-writes (cut-off dates) – August 2, 9, and 16
4.	Agenda items <ul style="list-style-type: none"> Beta Test (NPI) Requirements Review <ul style="list-style-type: none"> 100 records/LME/submission; Format test; full cycle run, 835 Update scheduled termination: TBD IPRS Questions or Concerns MMIS Updates – Tim Sullivan & Chris Ferrell
5.	DMH and/or EDS concluding remarks. <ul style="list-style-type: none"> a. For North Carolina Medicaid claim questions / inquiries, please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator. <ul style="list-style-type: none"> i. Physician phone analyst (i.e. Independent mental Health Providers – 4706 ii. Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) – 4704
6.	Roll Call Updates

Next Meeting: April 1, 2007

For assistance with IPRS claims, adjustments, R2Web, accessing application, etc.
Call the IPRS Help Desk – 1-800-688-6696, ext 53355 or 919-816-4355
M-F, 8 a.m.-4:30 p.m., excluding holidays.
IPRS Question and Answer email address – iprs.qanda@ncmail.net

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ADMINISTRATION NOTES (10:30 a.m. AREA PROGRAMS CONFERENCE CALL)	
Item No.	Topics
1.	Roll Call
2.	Please mute phones or refrain from excess activity to help with communications. Please state your name and which "area program" you are from when you speak. Also, please do not place IPRS Core Team call on hold because of potential distraction to call discussion.
3.	Upcoming Check-writes (cut-off dates) August 2, 9, and 16
4.	<p>Agenda items</p> <ul style="list-style-type: none"> <u>Medicaid Questions or Concerns</u> N/A <u>837 Beta Test (NPI)</u> N/A <u>IPRS Questions or Concerns</u> <p>Q: Edith (SEC) – We received a lot of denials for EOB 3411 last checkwrite. Has any one else?</p> <p>A: Cheryl (DMH) – This denial code means that you billed an enhanced service code with your 34049XX provider, type/specialty 074/113 for dates of service after the window had closed. The issue behind the denial code is the billing provider number submitted.</p> <p>Q: Edith (SEC) – Also, we are having issues with EOB 11. Their RA is reflecting that NCDMH is the target-pop, however their system is reflecting there is a target pop group listed in IPRS.</p> <p>A: Cheryl (DMH) – Please make sure the attending provider is also enrolled in that pop group. If the attending provider is not enrolled in the pop group per the client's eligibility, you will receive denial code EOB 11.</p> <p>Q: April (SER) – We sent an email to IPRS Q&A regarding denial code EOB 5313. Were you able to review this issue for us?</p> <p>A: Cheryl (DMH) – The prior authorized frequency had a zero for that PA. Leave the frequency field blank. The frequency date field tells the system how often they can receive that service. So if you record a '7' in that field, that means he/she can receive that service once a week. If you record a '0' there that means he/she will receive that service '0' times a day.</p>

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Q: Tom (WH) – Has the CAP supply waiver retro-active rate adjustments been applied?

Q: Cheryl (DMH) – That's a Medicaid question. Nixie, are you on the phone conference?

A: Nixie (EDS) – Yes I am, but I am not sure about the CAP retro-active adjustments. We will need to go through provider services regarding this issue.

Q: Eric (DMH) – Are you ok with what Tom has presented you or will you need an official email?

A: Nixie (EDS) – If he could send me an email I will be able to check into this for him

Q: Eric (DMH) – Tom, can you send your question to IPRS Q&A and we will forward this to Nixie or do you have Nixie's email address?

A: Tom (WH) – Yes, I do. I will forward my question to her directly.

Q: Beth (PW) – As of the June Medicaid Bulletin, it says that the rate for procedure code H2017 Psychiatric Rehab was changing to 290 per unit. Is this rate change applicable to IPRS as well? We have dates that have not been paid with the new rate.

A: Cheryl (DMH) – We will need to manually make this change. This is a procedure code we did not copy-over from Medicaid.

A: Rick D. (DMH) – I will follow-up regarding the rate change.

Q: Beth (PW) – Does this mean we need to resubmit these claims or do additional billing on these?

A: Rick D. (DMH) – Beth, we will get back with you regarding this.

Q: Kelly (Durham) – What was the bulletin where you found the rate change?

A: Beth (PW) - It was the June 2007 Medicaid Bulletin.

Q: Tom (WH) – Rick, should we have changed the rate ourselves, apply for the rate change in IPRS ourselves?

A: Rick D. (DMH) – No, it goes to Medicaid service and the default should be the Medicaid rate.

Q: Tom (WH) – I have two questions. As full endorsement is upon us, September 20, 2007. Is DMA ready to accept all the applications or can we anticipate some delays in processing the applications which in turn could create some cash flow problems for our providers?

A: Cheryl (DMH) – We do not have someone from Medicaid Provider Services on the conference call who could answer this question for us. If you would like to send your question to IPRS Q&A, we can forward your question to DMA Provider Services.

Q: Tom (WH) - My second question, within the clinical coverage policy, it states that Federal funds are not allowed to support consumers who are incarcerated. That implies that State funds can be used for consumers that are incarcerated. 1). Are we interpreting this policy correctly? And 2). If this is correct, this creates a disparity among a Medicaid consumer who is not funded and an IPRS consumer who is funded and the providers are placed into a situation of delivering an unfunded service to a Medicaid consumer.

A: Cheryl (DMH) – You may not be interpreting the policy correctly. Please forward your question to IPRS Q&A and we will follow-up with you regarding your question. We believe that we may have answered this question in the past and we would like to review our email for clarity.

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A: Rick D. (DMH) – In fact, there has been some discussions in regard to targeting those individuals who have been incarcerated. We are aware of the potential problem of billing services and the conflict with Medicaid. Individuals incarcerated may still be Medicaid eligible. This is not a new issue, and Cheryl is correct in stating we want to make sure that we start out with the right basis as to what it will pay for. We do recognize and are fully aware of the conflict because part of the solution we talked about was for funding for that kind of situation. However, we have not have not received a different policy stating differently.

Q: Tom (WH) – Rick, is there some type of committee meeting minutes available so that we can follow this issue?

A: Rick D. (DMH) – No.

Q: Terry (Eastpointe) – I have an IPRS and Medicaid question. For IPRS, last year there was a memo sent out March 2006 in regards to procedure code for Substance Abuse Halfway House. Is there an actual code for that?

A: Cheryl (DMH) – SA Halfway House is procedure code H2034.

Q: Terry (Eastpointe) – Is this service code like YM, YA, YP, code?

A: Cheryl (DMH) – This is an H code.

Q: Terry (Eastpointe) – This service is not Medicaid billable, right?

A: Cheryl (DMH) – Correct.

Q: Terry (Eastpointe) – Is there a rate established and documented for this procedure code?

A: Cheryl (DMH) – Yes, if you would look at the rate report IPPR2414, and do a find on rate H2034, you will locate the rate for that procedure code.

Q: Terry (Eastpointe) – My other question is , I think someone answered this question last week but the rates that were pulled down from the DMA Medicaid website is showing that certified clinical supervisor clinical addiction specialist can provide CPT code. Prior to this they could only provide H code services. Someone is supposed to be checking into this for us.

A: Cheryl (DMH) – The response that we got was that the corrected bulletin was correct in that the LCAS could provide it and that CCS could not provide it even though the rate is shown on the schedule for the CCS.

Q: Charlene (Albemarle) – Have you heard anything else regarding the Telemedicine billing? Are we able to bill these service codes, yet?

A: Cheryl (DMH) – Medicaid nor IPRS is setup right now to begin billing these services. Both sides are working on putting the procedure codes on the file which is the easy part, but the most difficult part of the process is getting the edits and audits established. IPRS has begun testing on it, but we are not sure about the status on Medicaid's side.

Q: Charlene (Albemarle) – Will you be sending us a user alert letting us know when this has been implemented?

A: Cheryl (DMH) – Yes, we will be sending you all an alert and I am sure that Medicaid will put something in their bulletin when their's is ready.

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	<p>Q: Beth (PW) – We are attempting to get some more information on the Community Support Rate Adjustments for Medicaid. Have you received any more information regarding this?</p> <p>A: Cheryl (DMH) – All we know at this point is that the memo has been sent over to Medicaid for review. We do not know what progress has been made at this point. If you would send your question to IPRS Q&A, we can forward this on to see if we can obtain an update for you.</p> <p>Q: Ron (Mecklenburg) – Is there a delay this week in dropping the Medicaid RA? Can any of the LME's let me know if you have received your electronic Medicaid RA this week?</p> <p>A: Rick K. (EDS) – The checkwrite date this week is Thursday July 26, 2007, so you will not receive the RA until that time.</p> <p>A: Cheryl (DMH) – Medicaid does not publish their electronic 835 until the actual checkwrite date. The checkwrite date for this week is on Thursday, so you should be getting your electronic Medicaid RA on Thursday.</p> <p>Q: Terry (Eastpointe) – Regarding procedure H2034 SA Halfway House, is this a specific provider or pop group specific rate?</p> <p>A: Rick D. (DMH) – This procedure code is provider specific. When you look up this service code on the rate report, it will give you an idea of what rates have been negotiated.</p> <p>DMH and/or EDS Concluding Remarks:</p> <p>For North Carolina Medicaid claim questions / inquires please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator.</p> <ul style="list-style-type: none"> o Physician phone analyst (i.e. Independent Mental Health Providers)-4706 o Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) - 4707 <p>Roll Call Updates</p>

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